

LICENSED LENDER BRANCH OFFICE LICENSE APPLICATION INSTRUCTIONS

1. Indicate the authority(ies) for which this branch office application is being submitted in the space provided. **NOTE:** You cannot add authorities at a proposed branch unless your principal office has the same authorities.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the entity exactly as it appears in your incorporation/formation papers as filed with the Treasurer of the State of New Jersey or on your trade name certificate filed with your County Clerk's Office. If you are using a alternate name at this location, please state whether the alternate name is for this location only or all locations. You will need to supply a copy of the alternate name certificate.
4. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.
5. **Provide a copy of the deed, lease or rental agreement for the location to be licensed.** A letter of intent to occupy the premises may be provided with the actual deed, lease or rental agreement submitted within sixty days of receipt of the application.
NOTE: The use of an "Executive Suite" as premises to be licensed is not acceptable. Refer to Bulletin No. 05-10 found on the Department's website.

NON-REFUNDABLE APPLICATION FEE

APPLICANT	One Authority	Two Authorities	Three Authorities	Four Authorities
Corporation, Limited Liability Co, Partnership, Sole Proprietor, Other Entities	\$700.00	\$1,000.00	\$1,300.00	\$1,600.00

NOTE: All fees submitted with applications are Non-Refundable.

Make check payable to: Treasurer, State of New Jersey

Return application by regular mail to: Department of Banking & Insurance
Licensing Services Bureau
P.O. Box 473
Trenton, NJ 08625

If using an express mail service send to: Department of Banking & Insurance
Licensing Services Bureau
20 W. State St. – 8th Floor
Trenton, NJ 08608

Questions concerning this application may be directed to (609) 292-5340.

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625**

LICENSED LENDERS BRANCH APPLICATION

INDICATE AUTHORITY(ies):

Mortgage Banker _____ Mortgage Broker _____ Correspondent Mortgage Banker _____
Secondary Mortgage Lender _____ Consumer Lender _____ Sales Finance Company _____

TYPE OR PRINT CLEARLY

1. Name of Applicant: _____

D/B/A or Trade Name (if applicable) _____

Is this alternate name used only at this office? Yes _____ No _____ Is this name used at all
locations ? Yes _____ No _____

2. New Jersey principal address as it appears on license: _____

_____ Reference # _____

3. Address of branch office to be licensed (include, city, state & zip code) _____

4. Name of Branch Manager/Person in charge of location: _____

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)

Signature of Corporate President, Partner
Sole Proprietor or Licensed Individual

Date _____